

GENERAL HEADQUARTERS
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NUTRITION IN JAPAN

Japan has always had a problem in good nutrition, even when there was sufficient food to cover the caloric allowances. It lies in the desire to eat highly polished rice and the relative lack of supplementary foods that will compensate for the vitamins and minerals that are removed in polishing.

The nutritionists of Japan realize the problem and have shown the way to enjoy a reasonably white rice and still have a large proportion of the vitamins and minerals present in rice as it is produced. It is 70% polished rice which has been approved by the Japanese Government and has the personal support of the Emperor.

Polished rice is not a problem for Japan ^{alone} it is one for all rice eating countries. Dr. T. Sakai when Director of the Imperial Nutrition Institute realized the problem and presented it to the League of Nations.

Japan has two other nutritional problems that relate to her food habits and natural resources: they are calcium for the development of teeth and bones and riboflavin or vitamin B. The allowance of calcium recommended in countries with pastures extensive enough to produce milk obtain considerable quantities of these nutrients from milk. Other countries with less capacity to produce milk have to rely on other sources. In Japan the consumption of fish bones and rather large amounts of leafy vegetables as well as the use of calcium salts in the preparation of tofu and the amounts for a considerable amount of the calcium. The use of 70% polished rice added an important increment to the calcium intake

Talk to Japanese Med. Soc.
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HOSPITAL FEEDING

When an institution undertakes the feeding of people it assumes certain responsibilities:

- a. Supply an adequate dietary in terms of nutrients, with food that is reasonably acceptable as to kind. The cost of such a dietary is affected to considerable extent by the kinds and amounts of supplementary foods used.
- b. Prepare and serve the food in a manner that retains the maximum nutritive value, is acceptable, clean, and safe for health.
- c. Keep an account of the quantities of various classes of all foods used per capita, per day, or other interval of time, as evidence of the nutritional adequacy of the dietary supplied and the discharge of responsibility.

A nutritionally adequate dietary is especially necessary in hospitals for it is an integral part of the treatment. The preparation of food to retain the maximum amount of nutrients compatible with satisfactory preparation is essential. Attractive methods of preparing and serving food have much to do with its acceptance. Simple procedures and good seasoning yield food that is fully as attractive as complicated methods of preparing food. Variety in procedure is as important as variety in food. Cleanliness and orderliness are essential. Special diets and failure to consume necessary foods because of physical or psychological difficulties require the special attention of the physician, dietitian, or nutritionist. The problems in this field are many. They concern consideration of the nutritive value of

the food concerned, especially its deficiencies, and provision of the necessary nutrients. The chief difficulty with this side, as you realize, is to get the patient to eat the foods he should. Here is where the dietitian can be of help.

Food that is brought in to an institution by friends and as gifts does not relieve the institution of its concern with the adequacy of the dietary. Unless all the food is obtained from the outside, the food in the institution should supply at least the minimum of the nutrients that are essential. If considerable quantities of food are brought in from outside the meals of the institution should be the source of the nutrients that experience shows are most likely to be deficient.

The day is past when a mere is sufficient evidence that people are adequately fed. It is necessary to know the quantities of food eaten in relation to nutritional requirements. Administrative and professional officers and those concerned with preparation must give conscious, continuous thought to the quantities as well as kinds of foods eaten by those for whom they are responsible.

Dr. Kuwahara is discussing the subject of nutritional accounting with you. There are one or two points to be emphasized:

- a. The account must include all foods that are used, whether on the ration, obtained on the free market, produced at the hospital or institution, or gifts - because the adequacy of the dietary often is determined by foods that are sometimes considered as extras.

- b. The total number of people eating the food is necessary, whether patients or inmates, employed personnel, or administrative officers, in

order to reduce the data to a comparable basis. Administratively, it is sounder to feed the staff and personnel not connected with the preparation and service of food with food that is purchased, issued, prepared and served separate from that for the patients or inmates. This is true especially in large institutions. Likewise where food is purchased for the staff it should be procured and accounted for in a separate account. These precautions are important because the staff is in a different category with regard to kinds of food and amounts of it received, either in the scale or for its use at home. Unfortunately there is a tendency for the kitchen staff to divert particularly choice articles of food for the meals of the staff or the staff to demand such preferential treatment at the expense of the patients or inmates. There is no objection to special treatment of the staff but it should not be at the unknown expense, financially or nutritionally, of those for whom the institution is operated.

The classification of foods that Dr. Kunabara will present to you is based on similarity of nutritive value, because they have lost nutritive value in comparison with the foods from which they are made or because they have some special contributions to make to the diet. It is my experience that the classification is practically useful and I am sure you will find it so with time.

There are certain advantages in grouping food together. You will soon learn the contribution each food makes to an adequate dietary and from the food pattern of your institution be able to judge adequacy without resorting to calculations of nutritive value. Another advantage is that you will establish the food pattern for your institution and realize that when the quantity per capita per day remains approximately the same variation in kind

of food within the group has little if any effect upon the nutritive value of the diet as a whole.

In these days of shortage of food you may well ask, why be concerned with the details of food accounting? There are two reasons: (a) As responsible individuals in charge of an institution you should have the evidence as to the extent to which the people for which you are responsible are or are not properly fed. (b) Good nutrition is more than calories, protein, fat and carbohydrate. It includes the vitamins and minerals and there is much to be done in that direction even within the restricted food allowances that you have available.

In going over the few hospitals Miss O'Donnell and I had the opportunity to visit we noted a wide range of good and bad practices in the operation of your kitchens. Your equipment is simpler than we would find in similar institutions in the United States but that does not mean that your operations would necessarily be better if you had more equipment. It might be easier to obtain good results.

We were impressed with the following:

a. Food in every institution visited was prepared too long before the time it was served to the patients, and it was probably also cooked too long. The ideal is to have the cooking of food done just before it is served. (Sukiyaki is the best example of good preparation that has come to my attention, for it is cooked at the table). Careful review of the operation of the kitchen and the distribution of food is necessary to correct this fault. The problem is intricate, but it can be solved. The food should just be

done or not quite done when it begins to move to the wards and it should not begin to move to the wards until it can be served as soon as it arrives at the ward.

b. Vegetables were being soaked for a long time in water after they were cut up or peeled. This means a considerable loss in water soluble vitamins and minerals. If some vegetables have lost most of their water soluble vitamins I often wonder if it is worth while eating them - they are really useful for little else.

c. Some vegetables were being pickled. There is considerable loss in vitamins in pickling. Unless the pickling is necessary to make the food palatable or increases the pleasure in eating other foods it would be much better to use the foods in other ways.

d. There was a lack of orderliness and cleanliness in some of the kitchens. Your equipment is limited, but there is every reason why it should be kept in the best of shape to prolong its usefulness and in addition give an air of efficient operation. As to cleanliness, a hospital cannot afford to be dirty.

e. There was a lack of persons trained in nutrition, such as nutritionists or dietitians. It is the experience in the United States that dietitians who understand nutrition and have training in the practical operation of institutions are invaluable, for the feeding of patients as well as the effective operation of the kitchen. The dietitian is primarily intended as an aid to the physician in the feeding of special diets but in practice she undertakes a broad supervision of the feeding of all patients. They advise the patients with regard to good food habits, and instruct patients on the selection and preparation of diets in special cases, such as diabetics.

